

PART B - FEE(S) TRANSMITTAL

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22347 7399 09/15/09

GLAXOSMITHKLINE

CORPORATE INTELLECTUAL PROPERTY, MAIL 0482

FIVE MOORE DR., PO BOX 13398

RESEARCH TRIANGLE PARK, NC 27709-3398

APPLICATION NO	FILING DATE	PREREQUIRED PRIORITY	ATTORNEY OR AGENT NO	EXPIRATION DATE
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10511759

04/14/2005

Rachel Andliff

[33] JUN 99

5447

TITLE OF INVENTION: SUBSTITUTED PIPRAZINES (I, A) DIAZEPINES, AND 2,5-DIAZABICYCLO (2,2,1)HEPTANES AS HISTAMINE H₁ ANTAGONIST/ANTAGONISTS OR INSTANTANT H₁ REVERSE ANTAGONISTS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	ENTRY FEE	TOTAL FEE	DATE PAID
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non-provisional

NO

\$1510

\$300

\$0

\$1810

09/15/09

EXAMINER	ART UNIT	CLASSIFICATION
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CUI/25AN, BIRENTHALIBY

1926

11A 218000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.550)

☐ Change of correspondence address for Change of Correspondence Address form (PTO/SB-121) attached.

☐ The "Address" indication for "Fee Address" Indication form (PTO/SB-121) has (31.62 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OK, alternatively

(2) the name of a single firm (acting as a proprietor) a registered attorney or agent and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. James P. Rick

2.

3.

3. ASSIGNOR: NAME AND RESIDENCE: DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Glaxo Group Limited

Greenford, Middlesex, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fees are submitted:

☒ Issue fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

4b. Payment of Fees: (Please first supply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO 2036 is attached.☒ The Director is hereby authorized to charge the required fees, any deficiency or credit any overpayment, to Deposit Account Number 1231392, (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2)

NOTE: The Issue fee and Publication Fee (if required) will not be accepted from anyone other than the applicant's registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

James P. Rick

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